


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N07000007764</b>	
1. Entity Name <b>EMMANUEL TEMPLE CHURCH OF THE APOSTOLIC FAITH INC.</b>	

Principal Place of Business <b>9504 LAUREL LEDGE DRIVE RIVERVIEW, FL 33569-5593</b>	Mailing Address <b>9504 LAUREL LEDGE DRIVE RIVERVIEW, FL 33569-5593</b>
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03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>86-1145061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HARRISON, WALTER R 9504 LAUREL LEDGE DRIVE RIVERVIEW, FL 33569-5593</b>
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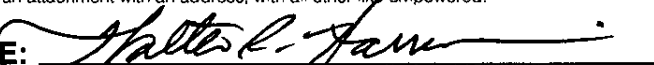
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>10 MAR 08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO HARRISON, WALTER R 9504 LAUREL LEDGE DRIVE RIVERVIEW, FL 335695593</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B JEFFERSON, SR., EVERETT H 3503 RIPPLING WAY LAUREL, MD 20724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRISON, MALIKITA S 9504 LAUREL LEDGE DRIVE RIVERVIEW, FL 335695593</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOYE, PAUL 5659 UNDERWOOD AVENUE CHARLOTTE, NC 28213</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B VAUGHAN, WILLIAM R 278 BIRCHVIEW DR PISCATAWAY, NJ 08854</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAST BROWN, WILMA J 12 CHINOOK PLACE RANDELLSTOWN, MD 21133</b>

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03/27/08-80065-027 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>10 MAR 08</b> Daytime Phone # <b>813-672-2430</b>